

FRIENDS OF JIM MARSHALL FACSIMILE

To: FECFax Number: 202-219-0174From: Office of Jim MarshallDate: 1/15/07Number of Pages: 2Notes: Statement of Candidacy

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JIM
MARSHALL
CONGRE

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MACON, GA 312
478.742.11
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E-MAIL - OFFICE@FRIENDSOFGJIMMARSHALL.C

PAID FOR BY FRIENDS OF JIM MARSHALL

27039334877

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Jim Marshall			2. Identification Number H0GA08032	
(b) Address (number and street) 586 Orange Street				
(c) City, State and ZIP Code Macon GA 31201			3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate GA 3		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2008 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Friends of Jim Marshall		
(b) Address (number and street) P.O. Box 125		
(c) City, State and ZIP Code Macon GA 31202		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Friends of Jim Marshall		
(b) Address (number and street) PO Box 125		
(c) City, State and ZIP Code Macon GA 31202		

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

SA	<u>0.00</u>	for the primary election, and
SB	<u>0.00</u>	for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Candidate Jim Marshall	Date 01/15/2007
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NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FEC FORM 2 (REV. 02/2003)

Federal Election Commission
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